1	2	3	4	5
32.	Tripura	0	0	7
33.	Uttar Pradesh	262	552	1252
34.	Uttaranchal	14	52	82
35.	West Bengal	146	287	510
	TOTAL	14244	32281	50417

Focus on elders under NRHM

2091. SHRI P. RAJEEVE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the National Rural Health Mission (NRHM) has any specific initiative to address the health problems of the elders; and

(b) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) National Rural Health Mission (NRHM) provides a platform for interventions in the health sector, based on the priorities of the State Governments concerned. While there is a National Policy on Elder Persons (1999) and Maintenance and Welfare of Parents and Senior Citizens Act 2007, there is no national programme for the health care of the elderly at present.

Conversion of a public medical college to a self-finance college

2092. SHRI PRAVEEN RASHTRAPAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether he is aware about conversion of the N.H. Municipal Medical College in the campus of V.S. Hospital Ahmedabad, from public medical college to self-finance college to be managed by the Trust of a political party; and

(b) if so, what action is proposed to protect the poor students of Ahmedabad city in particular and Gujarat in general?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DINESH TRIVEDI): (a) and (b) As per information provided by the State Government of Gujarat, Smt. NHL Municipal Medical College, Ahmedabad is managed by the Ahmedabad Municipal Corporation Medical Education Trust and not by a political party. Subsidy in tuition fee is given to the local students at the time of admission.

Exorbitant prices of drugs

2093. SHRI A. ELAVARASAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that some pharmaceutical companies charge exorbitant prices of their drugs and formulations without any control or check;

(b) if so, the details thereof and the steps taken to monitor the price of drugs;

(c) the number of cases detected by the drug regulator involving price violations during the last three years along with action taken against them; and

(d) the steps taken by Government to ensure availability of life saving drugs in sufficient quantity at reasonable price in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DINESH TRIVEDI): (a) and (b) National Pharmaceutical Pricing Authority (NPPA) under Ministry of Chemicals and Fertilizers has stated that under the provisions of the Drugs (Price Control) Order {DPCO}, 1995 the prices of 74 bulk drugs and the formulation containing any of these scheduled drugs are controlled. NPPA/Government fixes or revises prices of scheduled drugs/formulations as per the provisions of the DPCO, 1995. No one can sell any scheduled drug/formulation at a price higher than the price fixed by NPPA/Government.

The NPPA has fixed/revised the prices of scheduled bulk drugs in 470 cases and 10253 formulations since its inception. Of these, the prices of 18 scheduled bulk drugs and derivatives and 1737 formulation were fixed/revised during the period from 1st April, 2009 to 30th November, 2009.

In respect of drugs — not covered under the Drugs (Prices Control) Order, 1995 *i.e.* non-scheduled drugs, manufacturers fix the prices by themselves without seeking the approval of Government/NPPA. Such prices are normally fixed depending on various factors like the cost of bulk drugs used in the formulation, cost of excipients, cost of R and D, cost of utilities/packing material, sales promotion costs, trade margins, quality assurance cost, landed cost of imports etc.

As a part of price monitoring activity, NPPA regularly examines the movement in prices of non-scheduled formulations. The monthly reports of ORGIMS and the information furnished by individual manufacturers are utilized for the purpose of monitoring prices of non-scheduled formulations. Wherever a price increase beyond 10% per annum is noticed, the manufacturer is asked to bring down the price voluntarily failing which, subject to prescribed conditions action is initiated under paragraph 10 (b) of the DPCO, 1995 for fixing the price of the formulation in public interest. This is an ongoing process.

Based on monitoring of prices of non-scheduled formulation, NPPA has fixed prices in case of 27 formulation packs under para 10 (b) of the DPCO, 1995 and companies have reduced price voluntarily in case of 64 formulation packs. Thus in all, prices of 91 packs of non-scheduled drugs have got reduced as a result of the intervention of NPPA.

(c) During the last three years, NPPA has detected 325 number of overcharging cases involving overcharging amount of Rs. 1368.06 crore (upto 31st October 2009). In all those cases, companies have been issued Demand Notice where ever applicable to recover the overcharged amount along with interest. As a result, Rs.78.88 crore have been recovered from various companies.

(d) Life saving drugs are not defined in the Drugs (Price Control) Order, 1995. NPPA monitors the availability of the drugs in the country through State Drugs Control Administration. Wherever required, NPPA takes remedial steps for ensuring availability of drugs by impressing upon the manufacturers to rush the stocks to the places of shortage.

Family planning as priority area

2094. SHRI Y.P. TRIVEDI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the reasons for changing the name of Ministry of Family Planning into "Family Welfare";

(b) whether Government considered that the family planning should have utmost priority in our Five Year Plans; and

(c) whether Government is considering two children family as a mandatory requirement for obtaining various Government grants?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DINESH TRIVEDI): (a) and (b) The Family Planning Programme upto 1970's was focussed mainly on terminal methods and the programme received a setback due to the rigid implementation of a target based approach. To approach the issue afresh, it was decided to enable a couple to adopt the family planning methods, voluntarily, best suited to them according to their choice, without any compulsion. To reflect this shift in focus whereby the programme became voluntary in nature, the nomenclature became 'Family Welfare'.

(c) There is no such proposal under consideration.

Post of In-charge in CGHS dispensary

2095. SHRI ALI ANWAR ANSARI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the post of the In-charge of the Central Government Health Scheme dispensary is substantiated or supernumerary;

(b) how many junior doctors are officiating as In-charges in Central Zone of Delhi and since when;

(c) the number of doctors who are senior to the junior officiating In-charges;

(d) whether these senior doctors are unfit to head the dispensaries;